

Application

Church On The Rock • Attn: Master's Commission • 900 Birdie Hills Road • St. Peters, MO 63376
Phone (636) 240-7775 • Fax (636) 240-7829

GENERAL INSTRUCTIONS

Please complete the front and back of this form and return it to the above address with your \$25 non-refundable application fee. (Make checks payable to COTR.) PLEASE PRINT.

PERSONAL INFORMATION

_____ FULL NAME

_____ PRESENT ADDRESS _____ CITY/STATE/ZIP

_____ PHONE NUMBER _____ BIRTHDATE _____ AGE

_____ SOCIAL SECURITY NUMBER _____ MARITAL STATUS

FAMILY BACKGROUND

_____ NAME OF FATHER/GUARDIAN

_____ ADDRESS _____ CITY/STATE/ZIP

ACCEPTED CHRIST? YES NO _____ OCCUPATION

_____ NAME OF MOTHER/GUARDIAN

_____ ADDRESS _____ CITY/STATE/ZIP

ACCEPTED CHRIST? YES NO _____ OCCUPATION

MEDICAL BACKGROUND

HOW WOULD YOU DESCRIBE YOUR HEALTH? EXCELLENT GOOD FAIR POOR

_____ LIST ANY ALLERGIES

_____ LIST ANY PHYSICAL LIMITATIONS

_____ LIST ANY MEDICATIONS YOU ARE CURRENTLY USING

(CONTINUED)

EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED? YES NO

PRESENT EMPLOYER

POSITION

DATE HIRED

PAST EMPLOYER

POSITION

DATE HIRED

LEFT LAID OFF FIRED

DATE

FINANCIAL BACKGROUND

HOW DO YOU PLAN TO PAY FOR TUITION?

DO YOU HAVE YOUR OWN VEHICLE? YES NO

DO YOU HAVE HEALTH INSURANCE? YES NO

LIST ANY DEBTS, LOANS, AND PAYMENTS THAT YOU PRESENTLY HAVE INCLUDING AMOUNT DUE FOR EACH

WILL YOUR DEBTS BE PAID OFF BY THE START OF MASTER'S COMMISSION? YES NO

IF NO, HOW WILL YOU PLAN TO MAKE PAYMENTS?

ARE YOU WILLING TO MAKE THE FINANCIAL COMMITMENT? YES NO

CHURCH BACKGROUND

IS CHURCH ON THE ROCK YOUR HOME CHURCH? YES NO

IF NO, LIST YOUR HOME CHURCH

DENOMINATION

ADDRESS

CITY/STATE/ZIP

PHONE NUMBER

LIST THE DIFFERENT MINISTRIES YOU ARE PRESENTLY INVOLVED WITH

CHRISTIAN LIFESTYLE

WHEN DID YOU ACCEPT CHRIST?

WHERE?

HAVE YOU BEEN WATER BAPTIZED? YES NO

HAVE YOU BEEN BAPTIZED IN THE HOLY SPIRIT WITH THE EVIDENCE OF SPEAKING IN TONGUES? YES NO

(CONTINUED)

CHRISTIAN LIFESTYLE (CONTINUED)

DO YOU ATTEND CHURCH WEEKLY? YES NO

DO YOU TITHE AT YOUR HOME CHURCH? YES NO

DO YOU CURRENTLY LIVE A SMOKE-FREE LIFE? YES NO

DO YOU CURRENTLY LIVE AN ALCOHOL-FREE LIFE (INCLUDING "OCCASIONAL WINE")? YES NO

HAVE YOU USED ILLEGAL DRUGS IN THE PAST YEAR? YES NO

HAVE YOU BEEN INVOLVED WITH HOMOSEXUALITY/LESBIANISM? YES NO

ARE YOU CURRENTLY LIVING WITH SOMEONE OF THE OPPOSITE SEX WHOM YOU ARE NOT MARRIED TO (OTHER THAN A FAMILY MEMBER)? YES NO

DO YOU AGREE TO TOTALLY ABSTAIN FROM THE ACTIVITIES MENTIONED IN THE ABOVE QUESTIONS TO BE INVOLVED WITH MASTER'S COMMISSION AND DO YOU UNDERSTAND THAT INVOLVEMENT IN THESE ACTIVITIES COULD BE GROUNDS FOR DISMISSAL FROM MASTER'S COMMISSION? YES NO

IF ACCEPTED INTO MASTER'S COMMISSION AT CHURCH ON THE ROCK, ARE YOU WILLING TO MAKE THE FULL NINE-MONTH COMMITMENT TO EVERYTHING REQUIRED? YES NO

HOW DID YOU HEAR ABOUT CHURCH ON THE ROCK MASTER'S COMMISSION?

REFERENCES

NAME	RELATION
ADDRESS	CITY/STATE/ZIP
PHONE NUMBER	
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NOTE

ONCE APPLICATION HAS BEEN RECEIVED, WE WILL NOTIFY YOU AND REQUEST FURTHER INFORMATION. PLEASE INCLUDE A RECENT PHOTOGRAPH OF YOURSELF (WILL NOT BE RETURNED) AND A 200-WORD ESSAY ON WHAT YOU THINK A DISCIPLE IS.